U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - Land Land		2. Fiscal Year Covered From:				
		1 / 1 / 04 Through: 12/31/04				
Name and address of person filing.			4. Name, file number, and address of labor organization.			
Name DENNIS	BENTLEY	Name	LOCAL 21	マーマング フィー・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	で見からないできる。 で見からないできる。 で見からないできる。	TO SECURE OF THE CONTRACT AND ANALYSIS AND A
		Labor Organization File Number 53548				
P.O. Box, Bldg., Room No., if any		P.O. Bo	P.O. Box, Building and Room Number, if any			
Street 1501 E. AURORA AVENUE			Street 1501 E. AURORA AVENUE			
City DES MOINES	City DES MOINES			City DES MOINES		
State IA	ZIP Code + 4 50313	State			ZIP Code + 4	50313
5. Position in labor organization.	STEE					
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.						
Name and address of Employer (including)						
Name			Killingara kanadiran kalamban kalamban 1864 ng huma merumban kalamban kalam	niakalitat vararetuvis-takkoluvisis-vajitalisikopus-vet,vavusassasseyti	t die delengen verschen der verschied des krieden ein zwei der	TT 1978 BJ A HTT Million Hill And Andrews - John Mark Jak Harrison Theory (1974 Mark 1974 Mark 1974 Mark 1974 M Andrews Mark Jak 1974 Mark 197
Trade Name, if any:		PREMIE AND ANZION AND COLUMNS				
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Paraphinian sources (contract and contract a		7.b. Amou	int.			5000 200.0
Street						
City			or and the second	-0-		
State State	ZIP Code + 4					
Signature						
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)						
Signed Dunis L	enthing.	On C	B-03-05	5/5	848-3	282
F IM 00 (0000)	-		Date	T	elephone Numbe	r
Form LM-30 (2003)						Poro 1 of 2

Name of Person Filing	File Number U-						
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.							
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer						
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.						
	12.b. Amount.	-0-					
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.							
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.						
Name		ent. entempletocom					
Trade Name, if any:		POAGA GRIPPIPANSHIA					
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4							
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	-0-					